

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Society of Plastic Surgeons PLASTYPAC

ADDRESS (number and street)

20 F Street NW

#310A

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00249342

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☒ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. William Seward

Signature of Treasurer

Mr. William Seward

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 12 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">82020.03</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">86037.52</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">43679.98</span>	<span style="border: 1px solid black; padding: 2px;">136372.81</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">129717.50</span>	<span style="border: 1px solid black; padding: 2px;">218392.84</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">85486.25</span>	<span style="border: 1px solid black; padding: 2px;">174161.59</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">44231.25</span>	<span style="border: 1px solid black; padding: 2px;">44231.25</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 07 01 2012

To:

 M M / D D / Y Y Y Y Y  
 09 30 2012
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

36533.32

114820.32

(ii) Unitemized .....

7146.66

21552.49

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

43679.98

136372.81

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

43679.98

136372.81

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

43679.98

136372.81

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

43679.98

136372.81

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	986.25	2650.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	986.25	2650.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	84500.00	171500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	10.83
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	10.83
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	85486.25	174161.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	85486.25	174161.59

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	43679.98	136372.81
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	10.83
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	43679.98	136361.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	986.25	2650.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	986.25	2650.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Hilton C. Adler MD

Mailing Address 179 N Belle Mead Ave  
 Ste 1

City State Zip Code  
 East Setauket NY 11733-3528

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 26 2012

Transaction ID : 809761D5B49235C3763

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frank Agullo MD

Mailing Address 651 S Mesa Hills Dr

City State Zip Code  
 El Paso TX 79912-5540

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 26 2012

Transaction ID : 87E42015-6888-4B11-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David W. Allison MD

Mailing Address 7915 Lake Manassas Dr  
 Ste 208

City State Zip Code  
 Gainesville VA 20155-3260

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 30 2012

Transaction ID : 2CB303469E2BC45D209

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. John S. Alspaugh MD**

Mailing Address 1037 First Colonial Rd

City

Virginia Beach

State

VA

Zip Code

23454-3037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 20 / 2012

Transaction ID : 54D32559DAE26FD76A8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Atul K. Amin MD**

Mailing Address 3729 Easton Nazareth Hwy  
Ste 201

City

Easton

State

PA

Zip Code

18045-8339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 26 / 2012

Transaction ID : F98ED770B39E9ABDB0F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Pamela M. Antoniuk MD**

Mailing Address 2801 University Dr S  
Sanford Plastic Surgery

City

Fargo

State

ND

Zip Code

58103-6029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 22 / 2012

Transaction ID : 14239051-964D-40DC-

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

865.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Keith S. Berman MD**

Mailing Address 1055 Hylan Blvd

City

Staten Island

State

NY

Zip Code

10305-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 12 / 2012

**Transaction ID : 8A5B9F00-EC97-44E4-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Benjamin Boudreaux MD**

Mailing Address 4000 Lonesome Rd  
Ste A

City

Mandeville

State

LA

Zip Code

70448-7085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 20 / 2012

**Transaction ID : 50CEAC26-433C-4884-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. William J. Bull MD**

Mailing Address 1307 Macom Dr

City

Naperville

State

IL

Zip Code

60564-3202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 02 / 2012

**Transaction ID : 1368BE41-BBA4-405A-**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Michael J. Busuito MD**

Mailing Address 1080 Kirts Blvd  
Ste 700

City State Zip Code  
Troy MI 48084-4853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 06 / 2012

Transaction ID : D66E5FA82F62C00E7AA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Raymond A. Capone MD**

Mailing Address Shadyside Surgi-Center

City State Zip Code  
Pittsburgh PA 15206-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 4B32D47700533375D93

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Stefan G. Chevalier DO**

Mailing Address 75 Crystal Run Rd  
Ste 230

City State Zip Code  
Middletown NY 10941-7012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 19 / 2012

Transaction ID : 4435287A-93D5-414D-

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 OF 49  
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Jennyfer F. Cocco MD**

Mailing Address 6020 W Plano Pkwy

City State Zip Code  
Plano TX 75093-4640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2012

**Transaction ID : DAC10991-D5F8-439D-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John J. Corey MD**

Mailing Address 10210 N 92nd St  
Ste 200

City State Zip Code  
Scottsdale AZ 85258-4524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 22 / 2012

**Transaction ID : E7FD9C8F-B3BA-41BD-**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. James E. Craigie MD**

Mailing Address 1300 Hospital Dr  
Ste 120

City State Zip Code  
Mount Pleasant SC 29464-3204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 06 / 2012

**Transaction ID : 7C1FEC32F8ADAD9B15C**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

850.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 11 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Karen Craven**

Mailing Address 444 E Algonquin Rd

City

Arlington Heights

State

IL

Zip Code

60005-4654

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Society of Plastic Surgeons

Occupation

Director of Developm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

**Transaction ID : 6CF639D8-DB2E-4918-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Lynn A. Damitz MD**

Mailing Address 4917 Mill Hill Ln

City

Chapel Hill

State

NC

Zip Code

27517-7447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNC Div of Plastic & Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.00

Date of Receipt

07 / 01 / 2012

**Transaction ID : 4D01B3AB803220573303**

Amount of Each Receipt this Period

230.00

Full Name (Last, First, Middle Initial)

**C. Lynn A. Damitz MD**

Mailing Address 4917 Mill Hill Ln

City

Chapel Hill

State

NC

Zip Code

27517-7447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNC Div of Plastic & Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.00

Date of Receipt

08 / 01 / 2012

**Transaction ID : 40B89F4C1257EE0948AE**

Amount of Each Receipt this Period

230.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

710.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Lynn A. Damitz MD**

Mailing Address 4917 Mill Hill Ln

City

Chapel Hill

State

NC

Zip Code

27517-7447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNC Div of Plastic & Recon Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.00

Date of Receipt

09 / 01 / 2012

Transaction ID : 45139FA585BF45B5AC87

Amount of Each Receipt this Period

230.00

Full Name (Last, First, Middle Initial)

**B. Anne R. Delaney MD**

Mailing Address 99 Montecillo Rd

City

San Rafael

State

CA

Zip Code

94903-3308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Department of Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2012

Transaction ID : B8D7C8E0A857A3EDCBF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Jeffrey A. Ditesheim MD**

Mailing Address 9336 Blakeney Centre Dr  
Ste 130

City

Charlotte

State

NC

Zip Code

28277-6667

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 09 / 2012

Transaction ID : C3E13BB4FCCA9EBB443

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

845.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

**A. Mark S. Elliott MD**

Mailing Address 1200 22nd Ave

City State Zip Code  
 Meridian MS 39301-4009

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Meridian Plastic Surgery

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2012

Transaction ID : 06BD77CE754B6B03086

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Todd K. Farnworth MD**

Mailing Address 15810 S 45th St  
 Ste 140

City State Zip Code  
 Phoenix AZ 85048-7655

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Self

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2012

Transaction ID : 92AA5CA5-FC3F-4DCD-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Robert A. Fernandez MD**

Mailing Address 613 Elizabeth St  
 Ste 601

City State Zip Code  
 Corpus Christi TX 78404-2295

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Self

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2012

Transaction ID : 3D42FFB486DE1D81F66

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Neil A. Fine MD**Mailing Address 676 N Saint Clair St  
Ste 1525A

City	State	Zip Code
Chicago	IL	60611-2862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2012

**Transaction ID : 14BF8E47-5DC9-4C9B-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jeffery S. Flagg MD, DDS**

Mailing Address PO Box 88

City	State	Zip Code
Flossmoor	IL	60422-0088

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2012

**Transaction ID : F1F39067-4189-464E-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Henry F. Garazo MD**Mailing Address 1140 Conrad Ct  
the Galleria

City	State	Zip Code
Hagerstown	MD	21740-5905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

**Transaction ID : D8BC8DAD-685B-4EF1-**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Jaime R. Garza MD**

Mailing Address 21 Spurs Ln  
Ste 120

City San Antonio State TX Zip Code 78240-1670

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 06 / 2012

**Transaction ID : 3384865459A853C4157**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mary K. Gingrass MD**

Mailing Address 1915 State St

City Nashville State TN Zip Code 37203-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 23 / 2012

**Transaction ID : A2C43269621B342EAAB**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**c. Myles E. Goldflies MD**

Mailing Address 8212 Devon Ct

City Myrtle Beach State SC Zip Code 29572-4178

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2012

**Transaction ID : C56DA9B3F2581A34715**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

## **A. Gregory Greco DO**

Mailing Address PO Box 8004

264 Broad Street

City

Red Bank

State

NJ

Zip Code

07701-8004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2012

**Transaction ID : E2147F82-8713-45B5-**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

## **B. Joseph L. Grzeskiewicz MD**

Mailing Address 9850 Genesee Ave

Ste 130

City

La Jolla

State

CA

Zip Code

92037-1206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

La Jolla Cosmetic Surgery Centre

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

**Transaction ID : 6B297096-47E9-43DC-**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **C. Karol A. Gutowski MD**

Mailing Address 1535 Lake Cook Rd

Ste 211

City

Northbrook

State

IL

Zip Code

60062-1451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Chief of Plastic Sur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2012

**Transaction ID : 9609F12E919219705F3**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2365.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

**A. David E. Halpern MD**

Mailing Address 120 S Fremont Ave

City State Zip Code  
Tampa FL 33606-1703

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Tampa Bay Plastic Su

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 22 2012

Transaction ID : 65E6D063-3DFE-4266-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Elizabeth S. Harris MD**Mailing Address 540 Madison Oak Dr  
Ste 400

City State Zip Code  
San Antonio TX 78258-3922

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 22 2012

Transaction ID : 911CFE3D-C42A-44E2-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey M. Hartog MD**

Mailing Address 4355 Bear Gully Rd

City State Zip Code  
Winter Park FL 32792-9422

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 26 2012

Transaction ID : 46AFAC2E805A4238B65

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Jeffrey W. Herrold MD**

Mailing Address 135 Medical Park Pl

City

Hot Springs

State

AR

Zip Code

71901-8099

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 12 / 2012

Transaction ID : 36073BCCC5B9D11B7D1

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Patrick L. Hodges MD**

Mailing Address 8220 Walnut Hill Ln  
Ste 206

City

Dallas

State

TX

Zip Code

75231-4406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 26 / 2012

Transaction ID : 4DE8AE105EEC89F8D7F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. F. Frank Isik MD**

Mailing Address 1145 Broadway

City

Seattle

State

WA

Zip Code

98122-4201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Polyclinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 22 / 2012

Transaction ID : 29CB1D03-0A62-4032-

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

980.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Thomas T. Jeneby MD**Mailing Address 7272 Wurzbach Rd  
Ste 801

City	State	Zip Code
San Antonio	TX	78240-4803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2012

Transaction ID : A9EBF958046580E4FA7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. George R. Jennings MD**Mailing Address 203 Avalon Ave  
Ste 300

City	State	Zip Code
Muscle Shoals	AL	35661-2855

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : D066EEA11992CB3D4DA

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Debra J. Johnson MD**

Mailing Address 95 Scripps Dr

City	State	Zip Code
Sacramento	CA	95825-6320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

The Plastic Surgery Center

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2012

Transaction ID : 4B68A73F8C2D16C8AFE6

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Debra J. Johnson MD**

Mailing Address 3500 Cutter Way

City

Sacramento

State

CA

Zip Code

95818-4442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 18 / 2012

**Transaction ID : 41B1AB1F08F842C5ED86**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Debra J. Johnson MD**

Mailing Address 3500 Cutter Way

City

Sacramento

State

CA

Zip Code

95818-4442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 18 / 2012

**Transaction ID : 4122B15D126DC62D092D**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. R. Michael Johnson MD**

Mailing Address 30 E Apple St

Wright State Univ, Suite 2200

City

Dayton

State

OH

Zip Code

45409-2939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

**Transaction ID : 6121E37B-B588-47D1-**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Roderick B. Jordan MD**

Mailing Address 2500 Metrohealth Dr

Division of Plastic Surgery

City

Cleveland

State

OH

Zip Code

44109-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2012

**Transaction ID : 3E83634DA02623639C9**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ramasamy Kalimuthu MD**

Mailing Address 5346 W 95th St

City

Oak Lawn

State

IL

Zip Code

60453-2452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

**Transaction ID : A7F30215-E0CD-47A0-**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Thomas J. Kennedy MD, FACS**

Mailing Address 527 Medical Park Dr

Ste 203

City

Bridgeport

State

WV

Zip Code

26330-9009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2012

**Transaction ID : B95BE096-16A1-4403-**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Matthew S. Kilgo MD**

Mailing Address 999 Franklin Ave

City

Garden City

State

NY

Zip Code

11530-2913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 19 / 2012

**Transaction ID : 369D6D8D-D7A0-453C-**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Michael J. Klebuc MD**

Mailing Address 6560 Fannin St  
Ste 2200

City

Houston

State

TX

Zip Code

77030-2715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 31 / 2012

**Transaction ID : 3684119F85174A18BD0**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. David F. Klein MD**

Mailing Address 398 Copperfield Blvd NE

City

Concord

State

NC

Zip Code

28025-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Renaissance Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 31 / 2012

**Transaction ID : D21A64B2-0F8A-40E5-**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

## **A. Mark L. Labowe MD**

Mailing Address 100 UCLA Medical Plz  
Ste 747

City Los Angeles State CA Zip Code 90024-6990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 18 / 2012

Transaction ID : 8825E93F-B8BE-4C26-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Michael Leadbetter MD**

Mailing Address 4850 Red Bank Rd  
1 Plastic Surgery Plaza

City Cincinnati State OH Zip Code 45227-1545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2012

Transaction ID : 21538F0C2568063ECF4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Stephen F. Lex MD**

Mailing Address 1020 N San Francisco St  
Ste 200

City Flagstaff State AZ Zip Code 86001-3281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 22 / 2012

Transaction ID : E0EE2437-3376-4325-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 24 OF 49  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Dennis J. Lynch MD**

Mailing Address 2361 River Ranch Rd

City State Zip Code  
 Temple TX 76502-4260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2012

**Transaction ID : 912399C30C12B298A1C**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Philip C. Marin MD**

Mailing Address 650 Dittmer Ave

City State Zip Code  
 Pueblo CO 81005-1212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

**Transaction ID : 32196787-9CA5-46B1-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. David E. Martin MD**

Mailing Address C-625

City State Zip Code  
 Dallas TX 75230-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 12 / 2012

**Transaction ID : 140AA6D1E38C777D8EE**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

865.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. G. Patrick Maxwell MD**

Mailing Address 2020 21st Ave S

City

Nashville

State

TN

Zip Code

37212-4354

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 17 / 2012

Transaction ID : CB58C6D54DA2D5A5BD7

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Lawrence J. McCarthy MD**

Mailing Address 3927 Waring Rd  
Ste A

City

Oceanside

State

CA

Zip Code

92056-4458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 17 / 2012

Transaction ID : F5E34F434638E6BFDD8

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. John R. McGill MD**

Mailing Address 436A State St

City

Bangor

State

ME

Zip Code

04401-6663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 13 / 2012

Transaction ID : 580DCA7CC4D2F7E4CAA

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Patricia A. McGuire MD**

Mailing Address 845 N New Ballas Ct  
Ste 300

City State Zip Code  
Saint Louis MO 63141-7162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

**Transaction ID : 10249D22-D1F8-4DA8-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Thomas B. McNemar MD**

Mailing Address 2160 W Grant Line Rd  
Ste 250

City State Zip Code  
Tracy CA 95377-7335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 31 / 2012

**Transaction ID : 5CA1DC8926933CF386A**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Constantino Mendieta MD**

Mailing Address 2310 S Dixie Hwy

City State Zip Code  
Miami FL 33133-2314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 31 / 2012

**Transaction ID : BE79EE3D39562E0D5AE**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Basil M. Michaels MD**

Mailing Address 426 South St

City

Pittsfield

State

MA

Zip Code

01201-8228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2012

**Transaction ID : 138BF4C6-4886-4FAE-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Brent R.W Moelleken MD**

Mailing Address 120 S Spalding Dr  
Ste 110

City

Beverly Hills

State

CA

Zip Code

90212-1830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2012

**Transaction ID : F73A17A4A6B16311818**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Terrence P. Murphy MD**

Mailing Address 601 E Hampden Ave  
Ste 310

City

Englewood

State

CO

Zip Code

80113-2769

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 22 / 2012

**Transaction ID : 7E78E47E-DD95-4E97-**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

675.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. John A. Persing MD**

Mailing Address 330 Cedar St

Boardman Building, 3rd Floor, Rm33

City

State

Zip Code

New Haven

CT

06510-3218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Yale Plastic Surgery

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 02 / 2012

Transaction ID : A33C9968-8981-49B7-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. David F. Pratt MD**

Mailing Address 10413 NE 37th Cir

Bldg B

City

State

Zip Code

Kirkland

WA

98033-7924

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 22 / 2012

Transaction ID : A11AEC86-3EAB-4CC7-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey J. Ptak MD**

Mailing Address 9431 E Ironwood Square Dr

City

State

Zip Code

Scottsdale

AZ

85258-4572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2012

Transaction ID : 3EEC6DD9-4E80-439D-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Justin M. Sacks MD**

Mailing Address 601 N Caroline St  
Ste 8140D

City State Zip Code  
Baltimore MD 21287-0006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 22 / 2012

**Transaction ID : 72C6BEF2-A031-4D79-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. William Samson MD**

Mailing Address 425 W 59th St  
Ste 4C

City State Zip Code  
New York NY 10019-8022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2012

**Transaction ID : 865B8968-4C78-4BA4-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. S. Larry Schlesinger MD**

Mailing Address 1221 Kapiolani Blvd  
Ste 1025

City State Zip Code  
Honolulu HI 96814-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 02 / 2012

**Transaction ID : 626E9C76-9F92-4BD7-**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Jeffrey E. Schreiber MD**

Mailing Address 10807 Falls Rd  
Ste 101

City State Zip Code  
Lutherville MD 21093-4596

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2012

**Transaction ID : 6BBFB2BB-E29A-464C-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Peter L. Schwartz MD**

Mailing Address 143 Froehlich Farm Blvd

City State Zip Code  
Woodbury NY 11797-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2012

**Transaction ID : B4F50B0AD1C5CFAFA8D**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Michele A. Shermak MD**

Mailing Address 1304 Bellona Ave  
the Plastic Surgery Center of Mary

City State Zip Code  
Lutherville MD 21093-5425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

JHBMC Division of Plastic Surgery

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 09 / 2012

**Transaction ID : B4ECC7A6-D346-4436-**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. C. Russell Sparenberg MD**

Mailing Address 3900 W 15th St  
Ste 106

City State Zip Code  
Plano TX 75075-4728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2012

**Transaction ID : ACA540FA7FC81BCFF20**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Gregory M. Swank MD**

Mailing Address 5141 Hurricane Hill Rd

City State Zip Code  
Granite Falls NC 28630-8384

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Plastic Surgery & Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : 4FC7B3C1F60245943CE1**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Matthew Swelstad MD**

Mailing Address 2643 Patterson Rd  
Ste 503

City State Zip Code  
Grand Junction CO 81506-1937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : C9F0560D-E1C8-4B34-**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1615.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Richard Tepper MD**

Mailing Address 522 E Broad St

City

Westfield

State

NJ

Zip Code

07090-2116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

07 / 09 / 2012

Transaction ID : 0AD6D7F3-8CA6-407B-

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Nicholas B. Vedder MD, FACS**

Mailing Address 325 9th Ave

Department Surgery, Box 359796

City

Seattle

State

WA

Zip Code

98104-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Washington

Occupation

Professor & Chief of

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 21 / 2012

Transaction ID : D75C3F91-08C0-485D-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Simeon H. Wall Jr.,MD**

Mailing Address 8600 Fern Ave

City

Shreveport

State

LA

Zip Code

71105-5639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 22 / 2012

Transaction ID : 9EA5F370-209D-4206-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1900.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. James H. Wells MD

Mailing Address 2880 Atlantic Ave  
Ste 290

City Long Beach State CA Zip Code 90806-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2012

Transaction ID : 65C82F02-E606-41A9-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Frank Welsh MD

Mailing Address 6200 Pfeiffer Rd  
Ste 320

City Montgomery State OH Zip Code 45242-5861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 17 / 2012

Transaction ID : 1503DD3353D602AB7A2

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. Robert M. Whitfield MD, FACS

Mailing Address

City Austin State TX Zip Code 78746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2012

Transaction ID : 452BA1520DED6B298D43

Amount of Each Receipt this Period

166.66

SUBTOTAL of Receipts This Page (optional)..... ►

1016.66

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 49

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Robert M. Whitfield MD, FACS**

Mailing Address

City

Austin

State

TX

Zip Code

78746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	2

**Transaction ID : 4502972B9704317DE753**

Amount of Each Receipt this Period

166.66

Full Name (Last, First, Middle Initial)

**B. Gregory P. Wittpenn MD**

Mailing Address 3616 N University Dr

City

Nacogdoches

State

TX

Zip Code

75965-2539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Horizons Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	1	2

**Transaction ID : 5BD1FBAC-B626-446E-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. June Wu MD**Mailing Address 161 Fort Washington Ave  
Ste 511

City

New York

State

NY

Zip Code

10032-3729

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbia University

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : E6E6A6CC43C14CD1F9A**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1666.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 49  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

## **A. Natan Yaker MD**

Mailing Address 4100 W 15th St  
Ste 106

City State Zip Code  
Plano TX 75093-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
08 / 08 / 2012

**Transaction ID : D9C913C2-E5CA-4613-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Lester J. Yen MD**

Mailing Address 5950 University Ave  
Ste 120

City State Zip Code  
West Des Moines IA 50266-8232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

The Iowa Clinic

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 09 / 2012

**Transaction ID : 73EB98CA5CCEA30F560**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Judith Braslow Zacher MD**

Mailing Address 43585 Monterey Ave  
Ste 7

City State Zip Code  
Palm Desert CA 92260-9400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
08 / 08 / 2012

**Transaction ID : E6D822180E891C30BE6**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. H. Daniel Zegzula MD**

Mailing Address 1040 NW 22nd Ave  
Ste 610

City State Zip Code  
Portland OR 97210-3066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 09 / 2012

**Transaction ID : 2C6D84F0-CD87-4C41-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Stephen Zuniga MD**

Mailing Address 1351 E Spruce Ave  
Ste 120

City State Zip Code  
Fresno CA 93720-3342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2012

**Transaction ID : 1F589A15-558B-4A9F-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

36533.32

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 49

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 04 2012
**Transaction ID : V31C6557A8F44376933C**

Amount of Each Disbursement this Period

125.22

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072

Purpose of Disbursement  
AmEx CC Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 04 2012
**Transaction ID : V699CCA68AC6B00D3DA1**

Amount of Each Disbursement this Period

171.06

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072

Purpose of Disbursement  
AmEx Bank Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 04 2012
**Transaction ID : V49CA51F2936FD96EE11**

Amount of Each Disbursement this Period

64.90

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

361.18

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 OF 49

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

## **A. JP Morgan Chase**

Mailing Address 1201 South Milwaukee Ave

City State Zip Code  
 Libertyville IL 60048

Purpose of Disbursement  
 Bank Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
 07 03 2012

Transaction ID : BFACFE4A84470E44411

Amount of Each Disbursement this Period

209.24

Full Name (Last, First, Middle Initial)

## **B. JP Morgan Chase**

Mailing Address 1201 South Milwaukee Ave

City State Zip Code  
 Libertyville IL 60048

Purpose of Disbursement  
 Bank Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
 08 02 2012

Transaction ID : 087CBE2B8897F12EED0

Amount of Each Disbursement this Period

129.87

Full Name (Last, First, Middle Initial)

## **C. JP Morgan Chase**

Mailing Address 1201 South Milwaukee Ave

City State Zip Code  
 Libertyville IL 60048

Purpose of Disbursement  
 Bank Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
 09 04 2012

Transaction ID : CB216A0CB5C3213F2D2

Amount of Each Disbursement this Period

285.96

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

625.07

986.25

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Society of Plastic Surgeons PLASTYPAC

011

3000.00

State: PA District: 13

011

2500.00

State: ND District:

011

2500.00

State: TN District:

8000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Committee To Elect Michelle Lujan Grisham**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

Mailing Address 2015 Dietz Pl NW

City	State	Zip Code
Albuquerque	NM	87107

**Transaction ID : 4D000F56E1C715AFD09**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**Michelle Lujan Grisham**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NM District: 01

Full Name (Last, First, Middle Initial)

**B. David Scott for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

Mailing Address PO Box 960821

City	State	Zip Code
Riverdale	GA	30296

**Transaction ID : 95987637371D4732F52**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**David Albert Scott**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 13

Full Name (Last, First, Middle Initial)

**C. Deb Fischer for Us Senate Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

Mailing Address 317 S 12th

City	State	Zip Code
Lincoln	NE	68508

**Transaction ID : ED6755EFAF0B293B069**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Deb Fischer**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Donna Christensen Campaign**

Mailing Address PO Box 5197

City	State	Zip Code
St. Croix	VI	00823

Purpose of Disbursement  
2012 General

011

Candidate Name

**Donna Marie Christian-Christensen**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : AC14E0B4450937807B6**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Carolyn McCarthy**

Mailing Address 151 Linden Road

City	State	Zip Code
Mineola	NY	11501

Purpose of Disbursement  
2012 General

011

Candidate Name

**Carolyn McCarthy**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2012

**Transaction ID : 7F678DF9DCC28FF9BE4**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Jeb Hensarling**

Mailing Address PO Box 820504

City	State	Zip Code
Dallas	TX	75382-0504

Purpose of Disbursement  
2012 General

011

Candidate Name

**Thomas Jeb Hensarling**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 20535AAB8157BA5874C**

Amount of Each Disbursement this Period

2000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Joe Pitts**

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement  
2012 General

011

Candidate Name

**Joseph R. Pitts**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 16

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2012

**Transaction ID : B02684B85A15F2436E8**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of John Barrasso**

Mailing Address PO Box 52008

City	State	Zip Code
Casper	WY	82605

Purpose of Disbursement  
2012 General

011

Candidate Name

**John Anthony Barrasso**Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: WY District:

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2012

**Transaction ID : 45503DEB97F8085BC4D**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Nan Hayworth**

Mailing Address PO Box 188

City	State	Zip Code
Carmel	NY	10512

Purpose of Disbursement  
2012 General

011

Candidate Name

**Nan Alison Sutter Hayworth**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 18

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2012

**Transaction ID : B18A94C163C719501C9**

Amount of Each Disbursement this Period

3000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. George Allen for Us Senate**Mailing Address 2819 North Parham Road  
Suite 210

City Richmond State VA Zip Code 23294

Purpose of Disbursement  
2012 General

011

Candidate Name

**George F. Allen**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 8470FA82A17C5009AB6**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Heller for Senate**

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement  
2012 General

011

Candidate Name

**Dean Heller**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : F4BDF2634A257862C79**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Hoosiers for Richard Mourdock Inc**

Mailing Address PO Box 1583

City Indianapolis State IN Zip Code 46206-1583

Purpose of Disbursement  
2012 General

011

Candidate Name

**Richard E. Mourdock**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : FD47CF37D6601868A81**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. John Sullivan for Congress, Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2012

Mailing Address Post Office Box 470840

City	State	Zip Code
Tulsa	OK	74147

**Transaction ID : 5611D958736F142466E**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**John A. Sullivan**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: OK	District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

-2000.00

Full Name (Last, First, Middle Initial)

**B. Kevin McCarthy for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2012

Mailing Address PO Box 12667

City	State	Zip Code
Bakersfield	CA	93389-2667

**Transaction ID : D072CB21DBBF8C0906B**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Kevin McCarthy**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CA	District: 23

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

2000.00

Full Name (Last, First, Middle Initial)

**C. Kissell for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2012

Mailing Address PO Box 1530

City	State	Zip Code
Biscoe	NC	27209

**Transaction ID : 6BA515B47DDB6659EC7**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

**Lawrence Webb Kissell**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NC	District: 08

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

2000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Kreegel for Congress**

Mailing Address 3821 B Tamiami Trail #321

City	State	Zip Code
Port Charlotte	FL	33952

Purpose of Disbursement  
2012 Primary

Candidate Name

**Paige Kreegel Md**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2012

**Transaction ID : 380551E9D169780B7EC**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Lance for Congress**

Mailing Address PO Box 225

City	State	Zip Code
Colonia	NJ	07067

Purpose of Disbursement  
2012 General

Candidate Name

**Leonard Lance**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 838937F1BCAB6475A26**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. Linda Lingle Senate Committee**Mailing Address C/O 46-001 Kamehameha Hwy  
Suite 301

City	State	Zip Code
Kaneohe	HI	96744-0000

Purpose of Disbursement  
2012 Primary

Candidate Name

**Linda Lingle**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: HI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : DE705294C0C1A199857**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Lone Star Leadership PAC**

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**Lone Star Leadership PAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 2BF919C2054C12FD4E6**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Marsha Blackburn for Congress, Inc.**

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024-3750

Purpose of Disbursement  
2012 General

011

Candidate Name

**Marsha Blackburn**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 675F4E873CB4B7CB737**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Matheson for Congress**

Mailing Address PO Box 521048

City	State	Zip Code
Salt Lake City	UT	84152-1048

Purpose of Disbursement  
2012 General

011

Candidate Name

**James David Matheson**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: UT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : E35C0681E6806773449**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Michael Burgess for Congress**

Mailing Address PO Box 2334

City Denton	State TX	Zip Code 76202-2334
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Michael Clifton Burgess**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 45C9A96ABBF217F58CF**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Mike Honda for Congress**Mailing Address C/O Contribution Solutions, LLC  
123 E. San Carlos St., #531

City San Jose	State CA	Zip Code 95112
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Michael M. Honda**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 63D49E26B9690374679**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Montanans for Rehberg**

Mailing Address PO Box 1597

City Helena	State MT	Zip Code 59624
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Dennis Rehberg**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 63CD7816D594FF75DD4**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Price for Congress**

Mailing Address PO Box 425

City Roswell	State GA	Zip Code 30077
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Thomas E. Price M.D.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 68E975C23607C09F547**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**B. Ros-Lehtinen for Congress**

Mailing Address PO Box 522784

City Miami	State FL	Zip Code 33152-2784
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Purpose of Disbursement  
2012 General

011

Candidate Name

**Ileana Ros-Lehtinen**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 75137D4F24FAC69CC83**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Scott Brown for Us Senate Committee Inc**

Mailing Address 337 Summer Street

City Boston	State MA	Zip Code 02210
----------------	-------------	-------------------

Purpose of Disbursement  
2012 General

011

Candidate Name

**Scott Philip Brown**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 5B97AE79B671A40C3D3**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons PLASTYPAC**

Full Name (Last, First, Middle Initial)

**A. Todd Akin for Senate**

Mailing Address PO Box 31222

City	State	Zip Code
St Louis	MO	63131

Purpose of Disbursement  
2012 General

011

Candidate Name

**W. Todd Akin**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2012

**Transaction ID : F07F08FC50BC07B61BB**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Upton for All of Us**

Mailing Address PO Box 490

City	State	Zip Code
St. Joseph	MI	49085

Purpose of Disbursement  
2012 General

011

Candidate Name

**Fredrick Stephen Upton**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2012

**Transaction ID : 63F9A2B91D39B64F182**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶

8000.00

**TOTAL** This Period (last page this line number only).....▶

84500.00